

MU Stage 2 for Eligible Hospitals

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Today's Objectives

- The State of Iowa Meaningful Use
- Stage 2 Meaningful Use Measures for Eligible Hospitals
 - Timeframe
 - Measures
- Stage 2 Clinical Quality Measures for Eligible Hospitals
 - 2014 CQMs
 - New reporting mechanisms
- Resources

STATE OF IOWA

MU Stage 1

Iowa REC: 1,200 primary care providers &
84 critical access/rural hospitals in Iowa:

86% PCPs have met MU 1

94% Hospitals have met MU 1



Awardee of The Office of the National Coordinator for
Health Information Technology



Telligen REC worked with PCPs for Milestone 1 (n=1416); Milestone 2 (n=1515); Milestone 3 (n=1035) since REC program inception.
Telligen REC worked with CAHs for Milestone 1 (n=84); Milestone 2 (n=82); Milestone 3 (n=79) since REC program inception.

And what about stage 2 MU?

- Nationally, 447 EPs have attested as of June 1, 2014
- 8 EHs have attested
- CMS and ONC Notice of Proposed Rulemaking published on May 20
- Accepting public comment through July 21, 2014
- Submit online:
<http://www.regulations.gov/#!submitComment:D=CMS-2014-0064-0002>

CMS Proposed Rule Changes for MU

- Gives providers an extra year to upgrade their EMRs to meet stage 2 requirements
- Extend Stage 2 through 2016 and delays start of Stage 3 until 2017
- Gives providers more flexibility in reporting
 - Providers can use a combination of 2011 and 2014 editions of certified solutions for reporting in 2014.
 - Providers can use clinical quality measures from 2013.
 - Providers doing Stage 2 can use 2014 Edition to meet 2014 Stage 1 metrics.



Proposed Options: Stage 2

Proposed options for providers scheduled to meet Stage 2 in 2014

2011 CEHRT

- 2013 Definition Stage 1 objectives and 2013 CQMs

2011 & 2014 CEHRT

- 2013 Definition Stage 1 objectives and 2013 CQMs; **or**
- 2014 Definition Stage 1 objectives and 2014 CQMs; **or**
- 2014 Definition Stage 2 objectives and 2014 CQMs

2014 CEHRT

- 2014 Definition Stage 2 objectives and 2014 CQMs; **or**
- 2014 Definition Stage 1 objectives and 2014 CQMs



Proposed Options: Stage 1

Proposed options for providers scheduled to meet Stage 1 in 2014

2011 CEHRT

- 2013 Definition Stage 1 objectives and 2013 CQMs

2011 & 2014 CEHRT

- 2013 Definition Stage 1 objectives and 2013 CQMs; **or**
- 2014 Definition Stage 1 objectives and 2014 CQMs

2014 CEHRT

- 2014 Definition Stage 1 objectives and 2014 CQMs

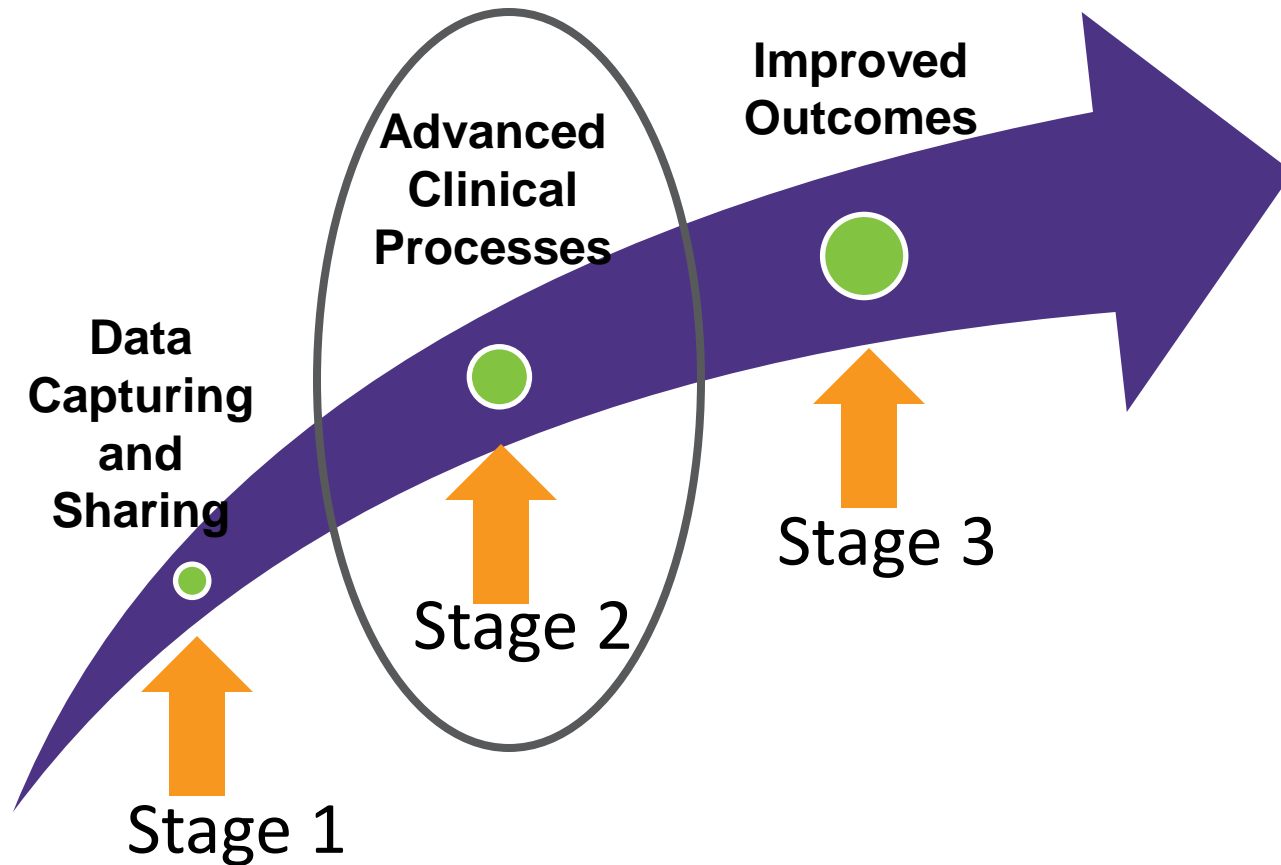
Payment Adjustments/Hardship Exemptions

- <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdjustmentHardship.html>
- Payment adjustments begin Oct. 1, 2014 for hospital and January 1, 2015 for providers
- EPs & EOs can be considered for a hardship exemption
- There is a hardship exemption tool for EPs
- Next deadline: July 1st for EPs; was April 1st for hospitals
- Hardship exception is valid for one year only

TIMEFRAME

Stages of Meaningful Use

Stage 2: Advanced Clinical Processes



What is Your Meaningful Use Path?

For EHs and EPs

1 st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	2	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	2	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

CMS Proposed Rule Changes for MU

- CMS & ONC NPRM published May 20 re: CEHRT flexibility & extension of Stage 2
- Gives providers an extra year to upgrade their EHRs to meet Stage 2 requirements
- Extend Stage 2 through 2016 and delays start of Stage 3 until 2017
- Gives providers more flexibility in reporting

MEASURES

Stage 2 Eligible Hospital Core Objectives

Eligible Hospitals Must Meet all 16 Core Objectives

Core Objective	Measure
1. CPOE	Use CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology
2. Demographics	Record demographics for more than 80%
3. Vital Signs	Record vital signs for more than 80%
4. Smoking Status	Record smoking status for more than 80%
5. Interventions	Implement 5 clinical decision support interventions + drug/drug and drug/allergy
6. Labs	Incorporate lab results for more than 55%
7. Patient List	Generate patient list by specific condition
8. eMAR	eMAR is implemented and used for more than 10% of medication orders

Stage 2 Eligible Hospital Core Objectives

Eligible Hospitals Must Meet all 16 Core Objectives

Core Objective	Measure
9. Patient Access	Provide online access to health information for more than 50% with more than 5% actually accessing
10. Education Resources	Use EHR to identify and provide education resources more than 10%
11. Rx Reconciliation	Medication reconciliation at more than 50% of transitions of care
12. Summary of Care	Provide summary of care document for more than 50% of transitions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR
13. Immunizations	Successful ongoing transmission of immunization data
14. Labs	Successful ongoing submission of reportable laboratory results
15. Syndromic Surveillance	Successful ongoing submission of electronic syndromic surveillance data
16. Security Analysis	Conduct or review security analysis and incorporate in risk management process

Stage 2 Eligible Hospital Menu Objectives

Eligible Hospitals Must Select 3 out of the 6

Menu Objective	Measure
1. Progress Notes	Enter an electronic progress note for more than 30% of unique patients
2. E-Rx	More than 10% electronic prescribing (eRx) of discharge medication orders
3. Imaging Results	More than 20% of imaging results are accessible through Certified EHR Technology
4. Family History	Record family health history for more than 20%
5. Advanced Directives	Record advanced directives for more than 50% of patients 65 years or older
6. Labs	Provide structured electronic lab results to EPs for more than 20%

Meaningful Use Spec Sheets

Stage 2 Eligible Hospital and Critical Access Hospital Meaningful Use Core Measures Measure 2 of 16

Date issued: October, 2012

Record Demographics	
Objective	Record all of the following demographics: preferred language, sex, race, ethnicity, date of birth, date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.
Measure	More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.
Exclusion	No exclusion.

Table of Contents

- Definition of Terms
- Attestation Requirements
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Definition of Terms

Admitted to the Emergency Department – There are two methods for calculating ED admissions for the denominators for measures associated with Stage 2 of Meaningful Use objectives. [Find out more in this FAQ.](#)

Preferred Language – The language by which the patient prefers to communicate.

Unique Patient – If a patient admitted to the hospital inpatient or emergency department more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure.

Attestation Requirements

NUMERATOR/DENOMINATOR/THRESHOLD

- **DENOMINATOR:** Number of unique patients seen by the EP or admitted to an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **NUMERATOR:** The number of patients in the denominator who have all the elements of demographics (or a specific notation if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.
- **THRESHOLD:** The resulting percentage must be more than 80 percent in order for an EP, eligible hospital or CAH to meet this measure.

Additional Information



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You can find detailed information on all the meaningful use objectives and measures on the [Meaningful Use Specification Sheets](#).

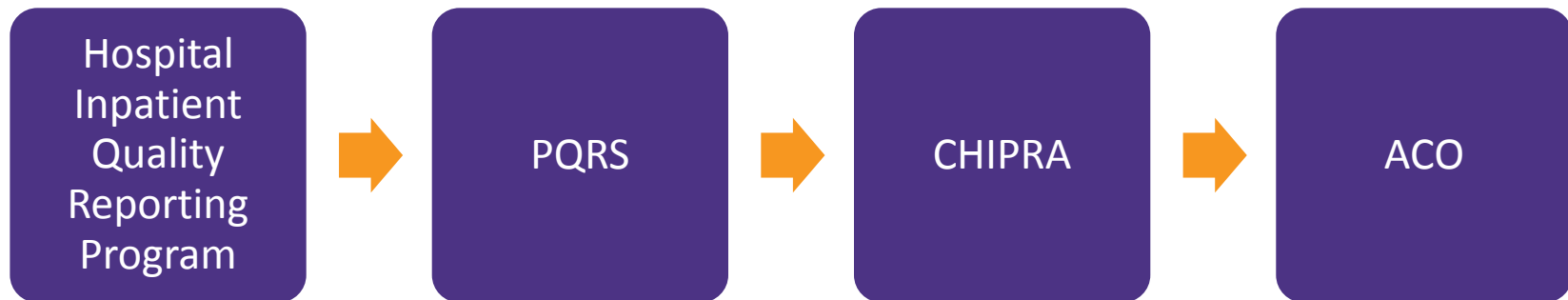
To find the specification sheets:

- Visit www.cms.gov/EHRIncentivePrograms
- On Left Navigation Pane - Click on 'Meaningful Use' for Stage 1 or 'Stage 2' for Stage 2.
- Scroll to the bottom
- Select either "Eligible Professional" or "Eligible Hospital"

CLINICAL QUALITY MEASURES

Alignment Among Programs

2014 represents CMS' commitment to aligning quality measurement and reporting among programs, including Hospital Inpatient Quality Reporting Program, PQRS, CHIPRA and ACO Programs



All Providers Must Select CQMs from at least 3 of the 6 HHS National Quality Strategy domains

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

CQMs in 2014 and Beyond

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>

- A complete list of 2014 CQMs and their associated National Quality Strategy domains is posted on the CMS EHR Incentive Programs website
- CMS has posted a recommended core set of CQMs for EPs that focus on high priority health conditions



NEW CLINICAL QUALITY MEASURES REPORTING MECHANISMS

EH CQM Reporting in 2014

Eligible Hospitals Reporting for the Medicare EHR Incentive Program

Category	Data Level	Payer Level	Submission Type	Reporting Schema
Eligible Hospitals in 1st Year of Demonstrating MU*	Aggregate	All payer	Attestation	Submit 16 CQMs from Eligible Hospital/CAH measures table, covering at least 3 domains
Eligible Hospitals/CAHs Beyond the 1st Year of Demonstrating Meaningful Use				
Option 1	Aggregate	All payer	Electronic	Submit 16 CQMs from Eligible Hospital/CAH measures table, covering at least 3 domains
Option 2	Patient	All payer (sample)	Electronic	Submit 16 CQMs from Eligible Hospital/CAH measures table, covering at least 3 domains ➤ Manner similar to the 2012 Medicare EHR Incentive Program Electronic Reporting Pilot

RESOURCES

Stage 2 Resources

CMS Stage 2 Website

- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html
- Links to the Federal Register
- Tip Sheets:
 - Stage 2 Overview Tip Sheet
 - 2014 Clinical Quality Measures
 - Payment Adjustments & Hardship Exceptions (EPs & Hospitals)
 - Stage 2 Attestation Worksheet & User Guide
 - Stage 2 Audit Tip Sheet

Iowa HIT Resource Contacts

- Telligen HIT Regional Extension Center
1-800-373-2964
- Iowa Medicaid Enterprise
Deb Hebl
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- Iowa Department of Public Health
Karith A. Remmen
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Iowa Resource Websites and Emails

- Telligen HIT Regional Extension Center
 - <http://www.telligenhitrec.org/>
 - sbrown@telligen.org
- Iowa Department of Public Health
 - <http://www.iowaeHealth.org>
 - ehealth@idph.state.ia.us
- Iowa Medicaid Enterprise
 - <http://www.ime.state.ia.us/Providers/EHRIncentives.html>
 - IMEIncentives@dhs.state.ia.us

Stuck?

- Get off the escalator...

Questions?





www.iowaHITREC.org

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Your Meaningful Use Expert Resource!

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